

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**



Declaration
Submitted
with Initial
Filing

OR



Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

P05468US1

First Named Inventor

MARANAS, COSTAS D., et al

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND SYSTEM FOR MODELING CELLULAR METABOLISM

(Title of the invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

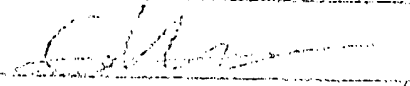
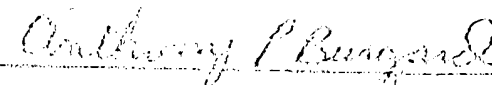
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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Certificate Number or Bar Code Label		27407		OR <input type="checkbox"/> Correspondence address below	
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NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (First and middle (if any))			Family Name or Surname		
COSTAS D.			MARANAS		
Inventor's Signature			Date		
			1/10/02		
Residence City		State		Country	
PORT MATILDA		PA		USA	
Residence City		State		Country	
PORT MATILDA		PA		USA	
Residence City		State		Country	
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ANTHONY P.			BURGARD		
Inventor's Signature			Date		
			1/10/02		
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STATE COLLEGE		PA		USA	
Residence City		State		Country	
STATE COLLEGE		PA		USA	
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☐ A Declaration of Inventors and Invention Made on the _____ (signature) Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	
	Filing Date	
	First Named Inventor	MARANAS, COSTAS D., et
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	P05468US1

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. [Form PTO/SB/85].

SIGNATURE of Applicant or Assignee of Record

Name COSTAS D. MARANAS

Signature [Signature]

Date 11/10/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple copies if more than one signature is required, see below.

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Application Number	
Filing Date	
First Named Inventor	MARANAS, COSTAS D., et
Group Art Unit	
Examiner Name	
Attorney Docket Number	P05468US1

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I am that:

☒ Applicant/inventor.

☐ Assignee or record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/93)

SIGNATURE of Applicant or Assignee of Record

Name

ANTHONY P. BURGARD

Signature

Anthony P. Burgard

Date

1/10/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one filer is required, and submit:

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: **MARANAS, COSTAS, D., et al.** ART UNIT:
SERIAL NO: N/A EXAMINER:
FILED: January 10, 2002
TITLE: METHOD AND SYSTEM FOR MODELING CELLULAR METABOLISM

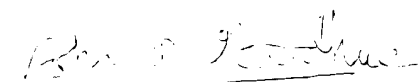
APPOINTMENT OF ASSOCIATE ATTORNEY

Assistant Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

I hereby appoint as associate attorney for the above-entitled application Pamela A. Ruest,
Registration No. 40,795, McQuaide Blasko, 811 University Drive, State College, PA 16801,
Telephone 814-238-4926; Facsimile 814-234-5620.

Respectfully submitted,




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Attorneys of Record

- JDG/bja -

CERTIFICATE OF MAILING BY EXPRESS MAIL

I hereby certify that this document and the documents referred to as enclosed therein are being deposited
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John D. Goodhue
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